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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

At t rney Dock t Numb r	4001-0012 (ZM0544)
First Named Inv nt r	Michael E. Hawkins
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**POROUS IMPLANT WITH A DRIED, LUBRICIOUS WHEN WET,
IN VIVO ABSORBABLE COATING**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Gerald W. Roberts

Name

Indiana, Vaughan & Roberts, P.A.

Address One North Pennsylvania Street, Suite 850

City	Indiana	ZIP
Indianapolis	State	46204
U.S.A.	Telephone	(317)822-0055
Country		Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name Michael E. (first and middle [if any])	Family Name Hawkins
--	---------------------

Inventor's Signature	Date 7/9/03
----------------------	-------------

Columbia City	Indiana	U.S.A.	U.S.A.
Residence: City	State	Country	Citizenship

Mailing Address 2350 West 350 South

Columbia City	Indiana	46725	U.S.A.
City	State	ZIP	Country

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Steven J. (first and middle [if any])	Family Name Charlebois
---	------------------------

Inventor's Signature	Date
----------------------	------

Goshen	Indiana	U.S.A.	U.S.A.
Residence: City	State	Country	Citizenship

Mailing Address 1504 South 8th Street

Mailing Address

Goshen	Indiana	46526	U.S.A.
City	State	ZIP	Country

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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Fax(317)822-0033
Telephone

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 A petition has been filed for this unsigned inventorGiven Name Michael E.
(first and middle [if any])Family Name Hawkins
or SurnameInventor's
Signature

Date

Columbia City
Residence: CityIndiana
StateU.S.A.
CountryU.S.A.
Citizenship

Mailing Address 2350 West 350 South

46725

U.S.A.
CountryColumbia City
CityIndiana
State

ZIP

NAME OF SECOND INVENTOR:

Given Name Steven J.
(first and middle [if any]) A petition has been filed for this unsigned inventorFamily Name Charlebois
or SurnameInventor's
Signature

Date

Goshen
Residence: CityIndiana
StateU.S.A.
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1504 South 8th Street

Mailing Address

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CityIndiana
State46526
ZIPU.S.A.
Country

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PTO/SB/81 (02-01)
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Michael E. Hawkins
Title	POROUS IMPLANT WITH A . . .
Group Art Unit	
Examiner Name	
Attorney Docket Number	4001-0012 (ZM0544)

I hereby appoint:

Practitioners at Customer Number → Place Customer Number Bar Code Label here

OR

Practitioner(s) named below:

Name	Registration Number
Gerald W. Roberts	45,046
Ettore V. Indiana	30,143
Stephen L. Vaughan	51,295

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

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Firm or Individual Name

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Address

City

Country

Telephone

State

Zip

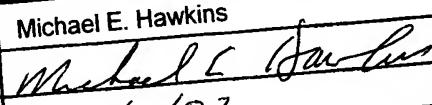
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Michael E. Hawkins
Signature	 7/9/03
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 4 (four) forms are submitted.

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First Named Inventor	POROUS IMPLANT WITH A . . .
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OR

Practitioner(s) named below:

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Jacque R. Wilson	48.038
Todd A. Dawson	33.165

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Michael E. Hawkins

Signature _____

Michael E. Hawkins

Date _____

7/9/07

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Signature _____

St. Charlebois

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